Vol. 16, No. 49

WEEKLY

Week Ending December 9, 1967

ATLANTA, GA. 30333

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

PUBLIC HEALTH SERVICE

BUREAU OF DISEASE PREVENTION AND ENVIRONMENTAL CONTROL

CURRENT TRENDS

INFLUENZA - Recent Reports

Further reports of influenza-like disease have been received by NCDC. In addition to the confirmed outbreaks of influenza A2 in Kalamazoo and Lansing (MMWR, Vol. 16, No. 49), influenza-like disease was reported from southern and central Michigan. No new outbreaks were reported from Florida, but hemagglutination inhibition tests further support the diagnosis of A2 influenza in Jacksonville and North Miami.

In Bergen County, New Jersey, four schools had increases in absenteeism from 10 to 30 percent beginning the week of November 26. Of six paired sera three showed

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diagnostic rises to influenza A by the complement fixation technique; one showed a diagnostic rise to A2 influenza by hemagglutination inhibition. Geometric mean titers were significantly different between unpaired groups of acute and convalescent sera when tested for A influenza antigen by complement fixation.

(Continued on page 310)

CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES (Cumulative totals include revised and delayed reports through previous weeks)

day on it and even solds by more	49th WEE	K ENDED	MEDIAN	CUMULA	TIVE, FIR	ST 49 WEEKS
DISEASE	DECEMBER 9, 1967	DECEMBER 10, 1966	MEDIAN 1962 - 1966	1967	1966	MEDIAN 1962 - 1966
Aseptic meningitis	58	52	38	2,885	2,834	2,041
Brucellosis	3	3	8	236	235	343
Diphtheria	10	/ 100 mg	9	197	184	262
Encephalitis, primary:		1556579319	Service Physics	HARMEN SE	e fragults	wh for bridge
Arthropod-borne & unspecified	25	32	FRANCISCO NO	1,498	2,054	
Encephalitis, post-infectious	14	9		724	686	
Hepatitis, serum Hepatitis, infectious	75 895	38 732	1 770	2,203 36,503	1,383 30,561	35,647
Melaria	51	14	1	1,984	472	101
Malaria	372		2 071			
Measles (rubeola)	34	1,358	3,071	61,110	199,343	377,354
Meningococcal infections, total	34		51	2,033	3,230	2,619
Civilian	33	45	WE SHIPPING	1,909	2,917	
Poliomyelitis, total	2	701 (27)	2	41	97	114
Paralytic	tool Carolina on it	viso by au	2	27	91	91
Rubella (German measles)	409	407		43.067	44,918	
Streptococcal sore throat & scarlet fever	10.028	9,732	7,744	419.342	396,822	367,161
Tetanus	7	2	5	216	187	266
Pularemia	2	4	4	160	172	272
Typhoid fever	6	11	11	389	363	432
Typhus, tick-borne (Rky. Mt. spotted fever)	ordinan series	6	-	297	251	220
Rabies in animals	85	65	72	4,001	3,803	3,803

NOTIFIABLE DISEASES OF LOW FREQUENCY

THE ROBERT OF STREET	Cum.		Cum.
Plague:	3 41 2	Trichinosis: Calif1, Kans1, N.Y.C1	9 57 42

INFLUENZA - Recent Reports (Continued from front page)

There is presumptive evidence that influenza A is occurring in the greater Chicago area. Throat smears from two ill students at Northwestern University and from six ill persons in Kane County, Illinois, were positive by the experimental fluorescent antibody technique for influenza A. Results of culture studies are pending.

Focal outbreaks of febrile respiratory disease manifested primarily by increased school absenteeism have occurred in Indiana, Alabama, and Oklahoma. Attempts at virus isolation are progressing in each area where febrile illness has been reported, but to date no virus has been identified.

(Reported by W. H. Y. Smith, M.D., C.P.H., Alabama State Department of Public Health; E. Charlton Prather, M.D., M.P.H., Florida State Board of Health; Norman J. Rose, M.D., M.P.H., and Richard Morrissey, M.P.H., Illinois Department of Public Health; A. L. Marshall, Jr., M.D., and William Turner, M.D., Indiana State Board of Health; George H. Agate, M.D., M.S.P.H., and Maurice Becker, M.D., Michigan Department of Public Health; R. Altman, M.D., and Martin Goldfield, M.D., New Jersey State Department of Health; R. L. Carpenter, M.D., M.P.H., Oklahoma State Department of Health; and EIS Officers.)

EPIDEMIOLOGIC NOTES AND REPORTS COWPOX - Indiana

Change of Diagnosis

The clinical case of cowpox in a 56-year-old woman (M.W.) from Indiana (MMWR, Vol. 16, No. 46) has now been attributed to vaccinia virus on the basis of additional laboratory and epidemiologic evidence. Contrary to the earlier report, further tissue culture and histopathologic studies have demonstrated viral characteristics indicative of vaccinia. Epidemiologic investigation, furthermore, suggested a probable pattern of contact spread of vaccinia virus from a recently immunized infant.

On October 5, a 1-year-old female infant was vaccinated and developed a primary "take" with marked local reaction. This infant was in intimate contact with members of two related households; the first includes the infant, her parents, and three other children. The second is comprised of the infant's grandmother (M.W.) and three of M.W.'s children. About October 15, one of M.W.'s children (D.W.) developed lesions on the hands, becoming the first known human infection. Subsequently, the other members of this household also developed lesions, but M.W. was the only one to become systemically ill, requiring hospitalization. None of these persons had been vaccinated previously. In the other household, which included the vaccinated infant, no lesions were noted. The infant's parents were unvaccinated, but the three children had undocumented histories of smallpox immunization. Between October 10 and 15, one dairy cow of a herd of 20, tended and milked by hand by members of both households, developed lesions on the udder. Subsequently, lesions were noted on an additional 10 to 12 cows of this herd.

Epidemiologic data are insufficient to ascertain definitely the path of spread of vaccinia virus from the vacci-

nated child. However, it appears that virus from the infant's lesion may have been transferred to the index cow, with appearance of udder lesions which then produced the lesions in the unvaccinated human contacts. The remainder of the herd was then cross-infected during milking. Scrapings from lesions on one of these cows have been submitted to NCDC for virus isolation. Serologic studies are also in progress.

Initial laboratory study demonstrated the presence of pox virus in scrapings from lesions on the hands of M.W. Electronmicroscopy revealed pox virus particles in tissue culture; agar gel diffusion test was positive for pox virus group; and virus from first passage of crust material in embryonated eggs produced hemorrhagic pocks on the chorioallantoic membranes (CAM). This morphology was accepted as characteristic of cowpox, as opposed to vaccinia virus. The second passage of crust material, however, produced pocks most of which were without central hemorrhage, and were morphologically typical of vaccinia virus.

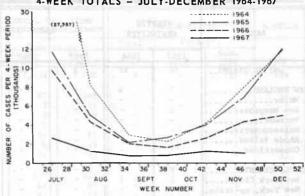
Histopathologic sections of the first passage CAMs, originally diagnosed as typical of cowpox, were subsequently found to have the granular and amorphous intracytoplasmic inclusion bodies, similar to the inclusion bodies of vaccinia and variola. These were distinctly different from the inclusion bodies of cowpox.

(Reported by A. L. Marshall, Jr., M.D., Director, Division of Communicable Disease Control, Indiana State Board of Health; Viral Exanthems Laboratory, and an EIS Officer, NCDC.)

CURRENT TRENDS MEASLES — Nationwide

For the week ending December 9, 372 cases of measles were reported. This is the twenty-first consecutive week with less than 400 cases per week, an occurrence that has not been previously observed according to records dating back to 1912 when reporting of measles cases began on a national basis. The 4-week total for November 11 to December 9 is 1,213 cases (Figure 1), which is 25 percent of the cases reported for the same period in 1966, and 14 percent of the cases reported for the same periods in 1964 and 1965. By this time in the past four years a seasonal increase was evident; however, to date no seasonal increase has occurred.

Figure 1
REPORTED CASES OF MEASLES IN THE UNITED STATES
4-WEEK TOTALS - JULY-DECEMBER 1964-1967



MEASLES - Chicago

In the Chicago area from January to September 1967, 312 measles cases were reported. Investigation revealed 11.2 percent (35 cases) to be other diseases. Of the remaining 277 confirmed cases (147 males and 130 females), 80 percent were preschool children and 52 were children under 10 months of age (Table 1). Of the confirmed cases, 42 percent were hospitalized. Complications of otitis media, pharyngitis, and pneumonia occurred in 17 percent of the cases. No measles encephalitis was confirmed; however, encephalitis occurred in a person with positive measles serology but no clinical evidence of measles. Death from pneumonia occurred in two children, ages 8 and 11 months.

Table 1 Confirmed Measles by Race and Age. Chicago, Illinois — January-September 1967

S 2 1	Ra	ce			
Age Groups	White	Negro	Total	% Total	
Under 10 months	17	35	52	20	
10 months-4 years	28	132	160	60	
5-14 years	16	37	53	20	
15 years and older	1 _	0	1	<1	
Total	62	204	266	100	

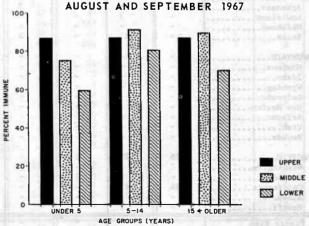
^{*}Race and/or Age Unknown - 11 cases

Diagnosis of 97 percent of the 277 cases was by a visit to the patient's home, physician's office, private clinic, or hospital. Telephone calls established diagnosis in 3 percent. Of the diagnosed cases, 96 percent had not been immunized. Among eleven persons giving a history of immunization, eight had been immunized. In most cases the source of exposure to measles was difficult to determine; however, 44 children were exposed at school, 18

exposed at home, and 40 were exposed to neighborhood playmates. Only 2 percent were exposed outside the Chicago area.

In August and September 1967, a Preschool Child Immunization Index Survey 1 by socio-economic status, was conducted in 778 households in 200 city blocks. Results indicated that children under age 5 in the middle and lower socio-economic groups were most susceptible to measles as determined by a history of measles or measles vaccination (Figure 2). Although Chicago has had an active immunization program for 4 years, approximately 11,000 children per month are being vaccinated to decrease the number of susceptible children.

Figure 2
PERCENT OF MEASLES IMMUNES BY SOCIO-ECONOMIC
GROUPS AND AGE — CHICAGO, ILLINOIS, SURVEY



(Continued on page 416)

Morbidity and Mortality Weekly Report

CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

FOR WEEKS ENDED

DECEMBER 9, 1967 AND DECEMBER 10, 1966 (49th WEEK) - CONTINUED

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CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

FOR WEEKS ENDED

DECEMBER 9, 1967 AND DECEMBER 10, 1966 (49th WEEK) - CONTINUED

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Morbidity and Mortality Weekly Report

CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES FOR WEEKS ENDED

DECEMBER 9, 1967 AND DECEMBER 10, 1966 (49th WEEK) - CONTINUED

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uerto Rico 8 - 18 8												32

Week No.

DEATHS IN 122 UNITED STATES CITIES FOR WEEK ENDED DECEMBER 9, 1967

(By place of occurrence and week of filing certificate. Excludes fetal deaths)

AND THE PARTY OF	A11 C	uses	Pneumonia		San Strategic Commencer	A11 C	auses	Pneumonia	
Area	All Ages	65 years and over	and Influenza All Ages	l year All Causes	Area	All Ages	65 years and over	and Influenza All Ages	l year All Causes
NEW ENGLAND:	760	475	41	38	SOUTH ATLANTIC:	1,249	623	58	96
Boston, Mass	221	128	14	15	Atlanta, Ga	133	54	1	14
Bridgeport, Conn	54	36	3	2	Baltimore, Md	241	126	1	10
Cambridge, Mass	19	11	#58LFX(*)	1	Charlotte, N. C	53	20	2	4
Fall River, Mass	37	24	1	1	Jacksonville, Fla	82	28	3]
Hartford, Conn	71	46	1 3	3	Miami, Fla	123	65	2 5	6
Lowell, Mass	26 19	17	1	1 2	Norfolk, Va	64 75	29 48	2	6
Lynn, Mass New Bedford, Mass	23	16	2	_	Richmond, Va Savannah, Ga	30	19	3	2
New Haven, Conn	60	35		7	St. Petersburg, Fla	84	70	6	
Providence, R. I	63	42	2	í	Tampa, Fla	93	52	12	2
Somerville, Mass	19	11	2	1	Washington, D. C	225	86	18	47
Springfield, Mass	37	31	7	1	Wilmington, Del	46	26	3	
Waterbury, Conn	40	28			,		1.50	J Sal J	
Worcester, Mass	71	41	5	3	EAST SOUTH CENTRAL:	740	402	32	35
the last department with			A HERE W	100	Birmingham, Ala	114	51	4	3
MIDDLE ATLANTIC:	3,599	2,134	129	157	Chattanooga, Tenn	67	37	6	4
Albany, N. Y	45	28	2	1	Knoxville, Tenn	57	38	5	- 1
Allentown, Pa	38	26	2	2	Louisville, Ky	150	87	11	8
Buffalo, N. Y	153	86	3	17	Memphis, Tenn	170	91	10.540	7
Camden, N. J	47	24	Alle Anna	3	Mobile, Ala	44	24		
Elizabeth, N. J	31	16	1	2	Montgomery, Ala	48	28	3	4
Erie, Pa	32	15	111111111111111111111111111111111111111	1	Nashville, Tenn	90	46	3	
Jersey City, N. J	82	47	2	2	construction of the Intelligence	0.000	State (\$155)	DOM: - NO.	7-14
Newark, N. J	97	44	2	5	WEST SOUTH CENTRAL:	1,218	660	54	69
New York City, N. Y	1,824	1,073	68	75	Austin, Tex	35	31	5	1
Paterson, N. J	44	28	2	2	Baton Rouge, La	35	20	a conclusion	La Di
Philadelphia, Pa	551	324	12	24	Corpus Christi, Tex	36	14	7	4
Pittsburgh, Pa	202	117	3	8	Dallas, Tex	170	93	3	10
Reading, Pa	50	33	4	3	El Paso, Tex	46	18	4	3
Rochester, N. Y	118	77	- 9	6	Fort Worth, Tex	94	53	5	5
Schenectady, N. Y. *	29	18	1	1	Houston, Tex	211	97	8	11
Scranton, Pa	52	39	4	1	Little Rock, Ark	62	32	3	5
Syracuse, N. Y	66	38	OF BUILDING	3	New Orleans, La	163	89	5	14
Trenton, N. J	63	44	4	1	Oklahoma City, Okla	102	57	1	4
Utica, N. Y	34	24	7		San Antonio, Tex	113	60	4	5
Yonkers, N. Y	41	33	2		Shreveport, La	66	41	3	2
EAST NORTH CENTRAL:	2,786	1,579	82	145	Tulsa, Okla	85	55	12	5
Akron, Ohio	60	33	- 62	3	MOUNTAIN:	392	221	17	17
Canton, Ohio	34	19	3	4	Albuquerque, N. Mex	47	27	8	2
Chicago, Ill	770	395	25	50	Colorado Springs, Colo.	22	14	1	-
Cincinnati, Ohio	220	137	7	9	Denver, Colo	93	51	2	6
Cleveland, Ohio	226	138	3	4	Ogden, Utah	20	7	1	1
Columbus, Ohio	138	80	-	6	Phoenix, Ariz	92	48	1	1
Dayten, Ohio	95	58	4	3	Pueblo, Colo	9	6	î	i i
Detroit, Mich	369	202	8	18	Salt Lake City, Utah	52	32	2	3
Evansville, Ind	44	25	5	3	Tucson, Ariz	57	36	1	3
Flint, Mich	57	31	1	6			30	1.00	1000
Fort Wayne, Ind	37	26	1	1	PACIFIC:	1,627	980	49	61
Gary, Ind	28	17	4	1	Berkeley, Calif	25	16	Adalah an	691
Grand Rapids, Mich	77	49	11	2	Fresno, Calif	58	33	1	3
Indianapolis, Ind	177	106	4	7	Glendale, Calif	32	23		2
Madison, Wis	51	24	2	7	Honolulu, Hawaii	42	26	3	2
Milwaukee, Wis	142	79	3	6	Long Beach, Calif	65	33	5	6
Peoria, Ill	59	31	1	7	Los Angeles, Calif	520	326	13	19
Rockford, Ill	29	13	1	1	Oakland, Calif	80	39	1.0	541005
South Bend, Ind	21	17	1	1	Pasadena, Calif	32	22	1	1
Toledo, Ohio	100	62		5	Portland, Oreg	111	73	3	7
Youngstown, Ohio	52	37	-	1	Sacramento, Calif	59	27	1	1
			- 10		San Diego, Calif	89	49	45.4-40	4
VEST NORTH CENTRAL:	826	519	26	52	San Francisco, Calif	215	134	8	7
Des Moines, Iowa	54	30	LABIE D	5	San Jose, Calif	49	30	4	ACRES.
Duluth, Minn	34	27	-	1	Seattle, Wash	154	86	7	3
Kansas City, Kans	49	32	2	3	Spokane, Wash	53	33	1	2
Kansas City, Mo	116	75	4	7	Tacoma, Wash	43	30	1	1
Lincoln, Nebr	27	20		1	THE REPORT OF THE PARTY OF THE	A-1412-30	MARKET A	27/2/21/02	1000
Minneapolis, Minn.	113	73	3	7	Total	13,197	7,593	488	670
Omaha, Nebr	66	39	2	8		1044	Totals	17 13 7 10	176
St. Louis, Mo	268	162	9	17		nulative '		STAR T 1966 (07	o les
St. Paul, Minn,	69	44	2	2	including report	ea correc	tions for 1	previous we	eks
Wichita, Kans	30	17	3	1	All Causes, All Ages All Causes, Age 65 and Pneumonia and Influenza	over		344,5	37

MEASLES - Chicago (Continued from page 411)

In the years 1962, -64, and -66, for Chicago and Illinois, the peak incidence of measles occurred in early spring preceded in the late fall and winter by increases in reported measles cases (Figure 3), To date this expected early seasonal increase has not occurred.

Figure 3 REPORTED CASES OF MEASLES BY MONTH 5,000 ILLINOIS AND CHICAGO, 1961-67 STATE 3,000 2.00

(Reported by Samuel L. Andelson, M.D., M.P.H., Commissioner of Health, William I Fishbein, M.D., Medical Director, Bureau of Health Services, and Hyman G. Orbach, Ph.D., Epidemiologist, Chicago Board of Health.)

REFERENCE

1967 - STATE PROVISIONAL, CHICAGO CONFIRMED

1Serfling, Robert E. and Sherman, Ida L.: Attribute Sampling Methods, United States Government Printing Office, Washington, D.C., 1965

INTERNATIONAL NOTES QUARANTINE MEASURES

Immunization Information for International Travel 1967-68 edition-Public Health Service Publication No. 384

Section 5

OCEANIA

Nauru Islands - Page 78

SMALLPOX

Delete all previous information. Insert: Smallpox vaccination is required from all arrivals, except Australia and Tasmania, British Solomon Islands, Christmas (Indian Ocean) and Cocos (Keeling) Islands, Fiji, Gilbert and Ellice, Heard, Kerguelen, Lord Howe, Macquarie, New Zealand, Norfolk and Ocean Islands, Australian Territory of Papua and New Guinea, Tonga, provided travelers have not been outside these areas for at least 14 days before arrival and these areas are free of smallpox. Nauru reserves the right, in respect of arrivals, from other areas, to isolate any person who arrives without certificate and refused to be vaccinated.

THE MORBIDITY AND MORTALITY WEEKLY REPORT, WITH A CIRCULA-TION OF 17,000, IS PUBLISHED AT THE NATIONAL COMMUNICABLE DISEASE CENTER, ATLANTA, GEORGIA.

DIRECTOR, NATIONAL COMMUNICABLE DISEASE CENTER
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CHIEF, EPIDEMIOLOGY PROGRAM
CHIEF, STATISTICS SECTION
A.D. LANGMUIR, M.D.
LIDA L. SHERMAN, M. S.

FDITOR, MMWR

MICHAEL B. GREGG M.D.

IN ADDITION TO THE ESTABLISHED PROCEDURES FOR REPORTING MORBIDITY AND MORTALITY, THE NATIONAL COMMUNICABLE DISEASE CENTER WELCOMES ACCOUNTS OF INTERESTING OUTBREAKS OR CASE INVESTIGATIONS WHICH ARE OF CURRENT INTEREST TO HEALTH OFFICIALS AND WHICH ARE DIRECTLY RELATED TO THE CONTROL OF COMMUNICABLE DISEASES. SUCH COMMUNICATIONS SHOULD BE ADDRESSED TO: COMMUNICABLE ADDRESSED TO:

NATIONAL COMMUNICABLE DISEASE CENTER ATLANTA, GEORGIA 30333 THE EDITOR MORBIDITY AND MORTALITY WEEKLY REPORT

NOTE: THE DATA IN THIS REPORT ARE PROVISIONAL AND ARE BASED ON WEEKLY TELEGRAMS TO THE NCDC BY THE INDIVIDUAL STATE HEALTH DEPARTMENTS. THE REPORTING WEEK CONCLUDES ON SATURDAY; COMPILED DATA ON A NATIONAL BASIS ARE RELEASED ON THE SUCCEEDING FRIDAY.

BUREAU DISEASE PREVENTION AND ENVIRONMENTAL HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE COMMUNICABLE ATLANTA, GEORGIA 30333 OFFICIAL BUSINESS DISEASE CENTER POSTAGE AND FEES PAID S. DEPARTMENT OF H. E.